

## APPLICATION FOR PRIVATE DETECTIVE LICENSE

State Form 43777 (R7 / 9-01)
Approved by State Board of Accounts, 2001

Indiana Professional Licensing Agency
Private Detective Licensing Board
302 West Washington Street, Room E034
Indianapolis IN 46204-2700

Yes

☐ No

\* Your Social Security number and/or Federal Identification number is requested in accordance with the provisions of IC 4-1-8-1. Disclosure is mandatory. The number will be given to the Indiana Department of Revenue.

Pursuant to IC 25-30-1, concerning the regulation and licensing of the private detective business and private detectives in the State of Indiana, the following questions shall be answered, and the required information given, by each individual applicant and, if the applicant is a corporation or partnership, its officers or partners for Private Detective License. Use a separate sheet of paper to complete answers to any question, if necessary.

## **INSTRUCTIONS**

- Submit original copies of your, or if a corporation or partnership, its officers or partners, review challenge (limited criminal history) received from the applicable state and local police records (city and county of residence).
- Registration of each employee shall be filed with a completed identification card and a ten dollar (\$10) fee.
- Any applicant employing more than fourteen (14) employees shall submit proof of one hundred thousand dollars (\$100,000) per occurrence liability insurance. Applicants employing less than fifteen (15) employees shall submit proof of seven thousand dollars (\$7,000) surety bond, or proof of one hundred thousand dollars (\$100,000) per occurrence liability insurance.
- Recent photo
- Set of fingerprints of both hands, taken by a police official.

	APPLICANT INFO	DRMATION			
Name of applicant (type or print)			Social Security number *		
Position of applicant (state either "Individu	ual" or name of position held)				
Name under which applicant intends to do	business				
Business Address (number and street)			Business telephone number		
City, state, ZIP code					
Resident address (number and street)  City, state, ZIP code		Resident telephone number ( )			
Date of birth	How long have you been a resident of Indiana?	If a Corporation applicant, have all statutory prerequisites to the doing of business in Indiana been satisfied?  Yes No		□ No	
Federal identification number *	(ATTACH A	COPY OF CORPORATE FILINGS)			
	EDUCATION INFO	RMATION			
Name of high school (if a graduate)					
Address (number and street, city, state, Z	(IP code)				
College(s) attended					
College from which degree received		Degree received			
List post-graduate degree(s), if any, and s	schooling which you have completed and consider to l	better qualify you for purp	poses of this application.		
	CRIMINAL RECORD INFORM	ATION / SUBMISSION	NS		
been convicted of any crime? ()	a corporation or partnership, its officers, directors of YES, on back page, state what crime[s], name attach documentation of conviction[s].)	ors, partners, employe	ees or members ever	☐ Yes	□ No

Have you, any employee, or if a corporation or partnership, its officers, directors, partners, employees or members ever been convicted of any act which, under the provisions of the Indiana Detective License Law (IC 25-30-1), would be grounds for denial, suspension, or revocation of a private detective license? (If YES, on back page, state what crime[s],

name and location of court[s] of conviction, the sentence[s] of the court[s], and attach documentation of conviction[s].)

EMPLOYMENT INFORMATION				
Place of present employment (name and address)				
If unemployed, place of most recent employment (name and address)				
Duties in present, or most recent, position				
Live and the state of the state				
Have you ever been employed by a Licensed Detective Agency? (If Yes, give name(s), ag	gency(s), address(es) and dates involved.)			
Yes No				
State of licensure	License number			
Have you ever been employed by a Law Enforcement Agency? (If Yes, give name(s), add	Iress(es) and dates of employment.)			
☐ Yes ☐ No				
List your previous experience which you believe would qualify you for a private detective I	icense.			
List your previous experience which you believe would qualify you for a private detective license.				
Have you ever been refused a private detective license?	Have you ever had a private detective license revoked?			
☐ Yes ☐ No	Yes No			
If you answered Yes to either of the two questions above, give applicable date(s), place(s) and a short statement of the circumstances.				

EMPLOYMENT HISTORY						
List names and addresses or your positions held,	and dates of employment for the p					
Name of employer		Address (number and street, city, state, ZIP code)				
Position held	Date employed					
Name of employer	FROM: TO:	Address (number and street, city, state, ZIP code)				
Position held	Date employed					
Name of employer	FROM: TO:	Address (number and street, city, state, ZIP code)				
Position held	Date employed					
Name of ampleyor	FROM: TO:	Address (number and street site state 7/D ands)				
Name of employer		Address (number and street, city, state, ZIP code)				
Position held	Date employed					
	FROM: TO:					
Name of employer		Address (number and street, city, state, ZIP code)				
Position held	Date employed	_				
T Soliton Hold						
Name of employer	FROM: TO:	Address (number and street, city, state, ZIP code)				
Position held	Date employed					
	FROM: TO:					
Name of employer		Address (number and street, city, state, ZIP code)				
Position held	Date employed					
	FROM: TO:					
Name of employer		Address (number and street, city, state, ZIP code)				
Position held	Date employed	$\dashv$				
	FROM: TO:					
	•	<u> </u>				
	LIST 3 CREI	DIT REFERENCES				
Name						
Address (number and street, city, state, ZIP code)						
Name						
Name						
Address (number and street, city, state, ZIP code)						
Name						
Address (number and street, city, state, ZIP code)						
Address (number and street, city, state, 21r code)						
	LIST 3 CHARA	CTER REFERENCES				
Name						
Address (number and street, city, state, ZIP code)						
Name						
Tamo						
Address (number and street, city, state, ZIP code)						
Name						
Address (number and street site -1-1-7/D1)						
Address (number and street, city, state, ZIP code)						

		VITAL STATISTICS	AFFIDAVIT		
		Height			
			State of		
		Weight		SS	
		Color of Eyes	County of	<b>,</b>	
		30.0.0.0.2,00			
		Color of Hair	upon (or affirmation) hereby certify that I have read a	and am familiar with the	
(Affix a recent photo here)			provision of IC 25-30-1 and I do further state upon my oath (or af		
		Sex	that the matters set forth by me in this application are true and correct		
		Male Female			
		Race	Signature of applicant	Date of oath (mo./day/yr.)	
			-		
		Attach set of	Signature of notary public	Expiration of commission	
		fingerprints			
		both hands, taken by			
		a police official.	Printed name of notary public	County of residence	
		ADDITIONAL	INFORMATION		
ITEM NO.					